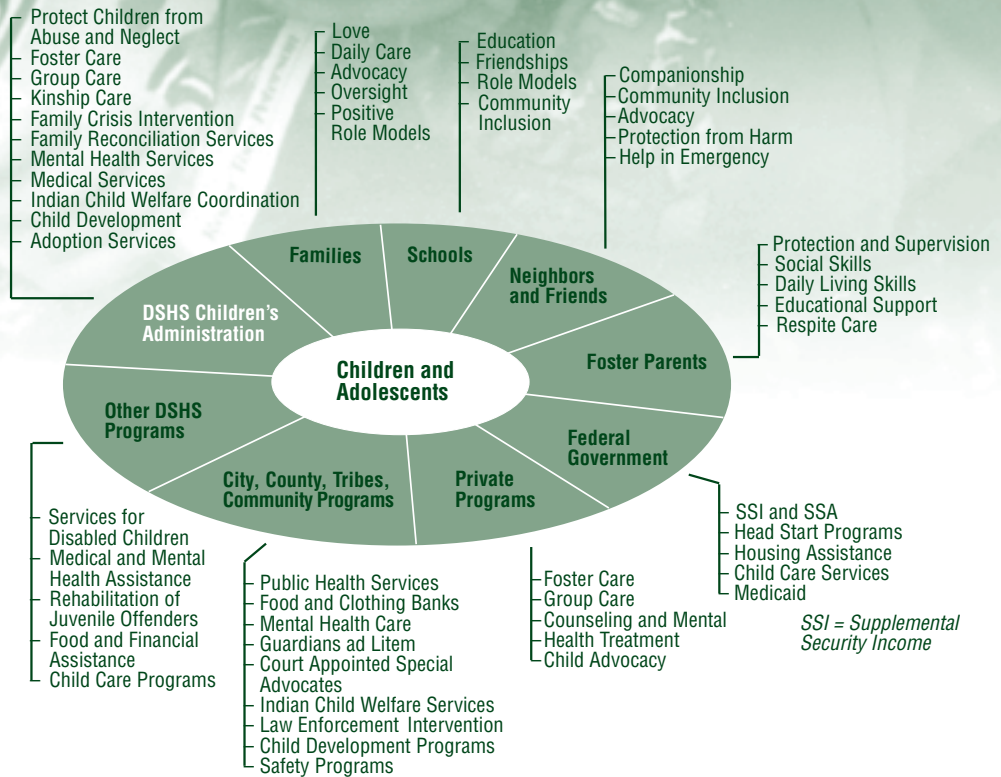




Photo by Debbie Preston, Northwest Indian Fisheries Commission

**Children's Administration
has many partners in
helping children achieve
safe and nurturing
childhoods**



Protecting all children from abuse and neglect:

The Children's Administration

The Children's Administration of DSHS is an expression of our society's commitments to protect children from abuse and neglect, and to foster healthy families.

Children's Administration programs to protect children rely on partnerships with foster parents, children's relatives, and a wide array of agencies and organizations that provide everything from mental health services to parenting classes.

The Children's Administration fosters healthy families by offering services to parents who are struggling with the challenges and responsibilities of raising children.

History and trends in child welfare

No one really knows whether the abuse and neglect of children is more common now than in the past. But we do know that today's society is more willing to confront this problem, and to protect children from harm. The days when the sexual abuse of children was a hidden, un-discussed problem are gone, and so are the days when children were considered the private property of their parents.

Today's child-serving system is based on our society's shared belief that every child should have an opportunity to grow up safe and healthy, and to thrive and learn. Our laws reflect this consensus. Nonetheless, protecting children and respecting the rights of parents is a delicate balancing act that requires careful reckoning of what factors put children at risk of harm, what services to families are effective in reducing risk, and when it is in the best interests of children to remove them from their families.

Thirty years ago, a Colorado doctor put child abuse on the nation's agenda by identifying, for the first time, "battered child syndrome," and urging doctors to report suspected abuse. Twenty years ago, the problem of sexual abuse of children became a prominent public issue. Today, recent research about the importance of early brain development in babies and toddlers has led to a new focus on the issue of child neglect.

Each of these waves of concern has led to new legislation, new policies, and new services. And each wave has led us to a deeper understanding of what children need to be safe, and to thrive and learn. A generation ago, there were no parenting classes, no laws requiring teachers and doctors to report suspected abuse, and no conversations with children about the difference between "good touch" and "bad touch." There were no special programs to prevent abuse, or to help children recover from its effects. It is almost certain that children died of abuse without anyone recognizing or acknowledging it, and that children

Residents Receiving DSHS Services: SFY 2000

DSHS Services by Program	Total Clients
Children's Administration	211,845
Child Welfare Services	20,330
Crisis Care	3,850
DCFS CPS* Case Management	117,205
DLR CPS* Case Management	5,430
Family Reconciliation Services	29,140
Home Based Services	12,920
Foster Care Services-In Place	12,035
Foster Care Services-Support	13,715
Group Treatment Care	1,705
Adoption Services/Support	19,650
Miscellaneous	1,245

**DCFS CPS = Division of Children and Family Services, Child Protective Services*

**DLR CPS = Division of Licensed Resources, Child Protective Services*

Source: The DSHS Client Services Data Base, Research and Data Analysis FY 2000

suffered irreparable harm from neglect and mistreatment.

Today, we are still a long way from solving these problems, but we have made undeniable progress in facing up to these issues and raising our standards of both social policy and individual responsibility for protecting children from harm. A higher level of awareness has led to more reporting of suspected abuse or neglect, more services to prevent or remediate child maltreatment, and higher expectations and standards of accountability for the public child welfare system.

But alongside the progress we have made, we have developed new problems. Today's children are more likely than in the past to be raised by single parents who struggle to make

ends meet. In two-parent homes, both parents are more likely to work full-time, leaving less time and energy for child-raising. Families are more mobile, which means that children are less likely to have accessible aunts, uncles, and grandparents who can help raise them. New problems of drug abuse - most notably methamphetamine - have created new nightmares for children and for parents who become addicted. For the child welfare system, the most challenging trend is the growing number of families with multiple problems of extreme poverty, mental illness, and substance abuse.

This constantly changing landscape challenges our child welfare system to be responsive to change, sensitive to the needs of children and the pressures on parents, and attentive to new research about what works and what doesn't in the complex world of child welfare policy and practice.

How the child welfare system works

Most cases come to the attention of the child welfare system because someone in the community - a neighbor, teacher, doctor, child care worker or relative - reports a suspicion of abuse or neglect. These reports are a lifeline for endangered children. DSHS has made reporting abuse or neglect easier by establishing a statewide toll-free number - 1-866-ENDHARM.

Child welfare services

Washington state offers a range of services to help parents improve the care they provide for their children. Family Reconciliation Services offer 15 hours of counseling during a one-month period to resolve conflicts between adolescents and their parents. Family Preservation Services offer more intensive services to families for up to six months to prevent out-of-home placement of children. Other home-based services send workers into homes to teach basic parenting and family management skills. These services can be requested by parents who are suffering from stress, isolation, or other challenges. Many of these services are provided by local agencies that have contracts with the Children's Administration.

In some cases, an alternative response system sends public health nurses rather than Child Protective Services workers to provide voluntary in-home education about how to care for babies and preschool-aged children.

These preventive services are often the first to be cut when budgets are under pressure, because when resources are scarce, responding to emergencies rather than preventing them becomes the highest priority.

Child Protective Services

Child Protective Services (CPS) receives and investigates reports of suspected abuse or neglect in both biological families and in foster care and other residential facilities for

children and teens. CPS workers assess children's safety, plan for their protection, get help for families, and, if necessary, seek court intervention to remove them from dangerous situations.

CPS workers visit homes, interview children, parents, neighbors, and others who may know about a child's history and circumstances. The CPS worker determines whether the allegations of abuse or neglect are founded, unfounded, or inconclusive.

If a child is judged to be in danger, the child may be removed from the home, foster home, or residential facility immediately. This judgment is never made by one person alone. If children are in danger of imminent harm, local law enforcement officers have the authority to remove them and place them in the protective custody of the Department of Social and Health Services. In other cases, such as chronic neglect, a court order is required to remove children from their homes. In all cases, a court must concur within 72 hours (excluding weekends and holidays) with the decision to remove children from their home.

If the child is not judged to be in danger, but the family is struggling to meet the child's needs, CPS may require that parents participate in services such as chemical dependency treatment, parenting classes, or anger management programs. An array of other services may also be provided for the family, including homemaker services to help them develop higher levels of skill in household manage-

ment, nutrition, and child care. Families are then monitored to ensure that parents follow through and that the child is safe and protected.

Out-of-home care

The decision to remove a child from his or her biological parents is

always wrenching, because doing so is inevitably traumatic for children.

Once a child is removed from home, the child is assigned a Child Welfare Services caseworker who is responsible for marshaling the services the child will need to overcome the deficits that result from abuse and/or neglect, and planning for the child's

future. This includes finding and supervising their care in a foster home or other residential placement, planning for children's return to their parents, or pursuing termination of the parents' rights and the process of adoption. For older teens, caseworkers also plan for the transition to independence and adulthood.

Cedar House

A partnership of: Greater Pierce County Community Network; Comprehensive Mental Health Center of Tacoma; Pierce County Community Services Housing Programs and Fife School District

Services: An evaluation, diagnostic and receiving center for up to 12 children who have been removed from their homes primarily due to methamphetamine manufacturing in their homes.

Communities served: Pierce County (including Tacoma)

DSHS clients: The program is licensed for 12 children and has served 113 children since opening in November 2001.

Private as well as public clients? All children served have open cases with DSHS Child Protective Services

Year formed: 2001

Employees: Staffed by foster parents, with support from staff from Comprehensive Mental Health

Funding sources:

Greater Pierce County Network contributed: A cash grant of \$30,000 to Comprehensive Mental Health to secure a housing loan and \$9,000 to fund a certified teacher for school-age children who are too far outside their districts to attend school.

Pierce County Community Services Housing Programs offered an interest free loan of \$180,000.

Fife School District supports the educational component of the program.

Tacoma Exchange Club provided all the furniture for the assessment center.

The Lakewood Exchange Club provides a constant supply of backpacks for children since many children lose all their possessions due to meth chemical contamination.

Project Linus makes homemade quilts for each child's bed. The child may take their quilt when they leave Cedar House.

Licensing foster homes and other facilities

Foster homes and residential facilities for children and teens are licensed by the Division of Licensed Resources, which is separate from Child Welfare Services. There are several kinds of licensed out-of-home care for children. The basic (and by far most common) is foster homes. Foster parents must take a 20-hour training course in foster parenting and pass a criminal background check. Their homes must pass an inspection for health, safety, and appropriateness. For children with special needs, there are therapeutic foster homes where parents receive more training in dealing with children's mental health and behavior issues, and are paid a higher monthly rate.

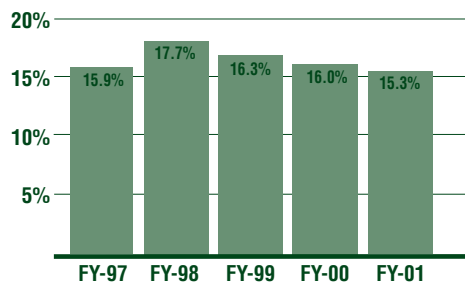
For teens who don't do well in foster care, there are a few group homes, although the number of group homes is declining. Crisis Residential Centers (CRCs) provide temporary shelter for runaways age 12-17, and Secure (or locked) CRCs

provide similar services while teens are being assessed and plans are made for them to return home or to be placed with relatives or in foster care. There are also HOPE centers, which house street youth for up to 30 days, and provide health, chemical dependency and mental health screening, and planning for more permanent placement.

Foster homes are also recruited and licensed by agencies such as Casey Family Programs and Catholic Community Services. These child-serving agencies work in tandem with the Children's Administration. Children who are served by these agencies generally get more services than those who are served directly by the state, because these agencies receive additional funding from private donations. Private agency-sponsored foster care often comes with more training and support for foster parents, and funds for expenses such as music lessons, sports activities, and summer camp.

From foster care to home – and back to foster care

Percentage of children who return to foster care within one year of being reunified with their parents



Foster care

Ideally, when children are removed from their families they go to foster homes that are stable, loving, and well-prepared to respond to the special needs of children who have been abused or neglected. Ideally, their biological parents participate in parenting classes, enroll in chemical dependency treatment, or make other changes that enable children to return home within a few days or weeks. In fact, this ideal is not uncommon; the median length of stay in foster care in Washington is only 60 days.

But some children who are returned to their parents recycle back to foster care, and some stay in foster care for several years. These children have become the subject of intense research - research about how to make more discerning judgments about which parents will fail repeatedly, which interventions are most likely to prevent family failure, and how best to care for children who are unlikely to ever be able to return home.

Today, more attention is being focused on solving the problem of "foster care drift." Children who are in foster care for a long time are sometimes placed in many different homes. Preventing children from experiencing this instability is now a top priority for the child welfare system.

There are several reasons for multiple foster care placements. Foster parents can, at any time, call their foster child's case-



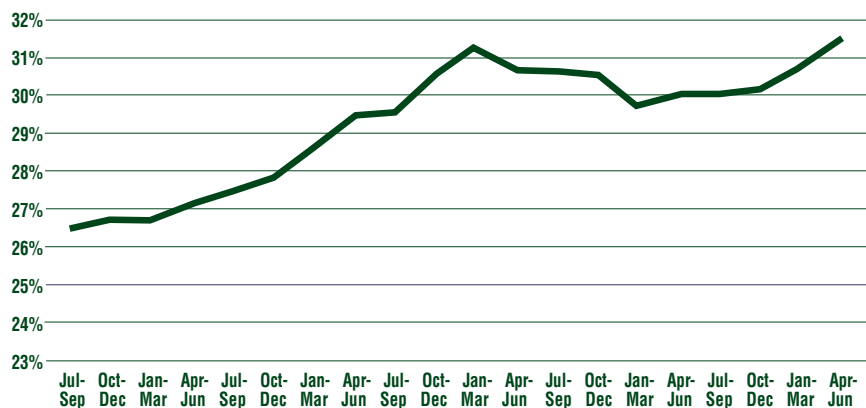
worker and demand that the child be removed from their home immediately. Foster parents may do this for a wide variety of reasons. They may find that a child's mental health problems or behavior are beyond their ability to manage. They may simply not be a good match for a child, or have other children in their home who are in constant conflict with a particular foster child. They may simply burn out. Occasionally, children are also moved because foster parents are found to be neglectful or abusive.

The problem of multiple placements in foster care is also caused by the chronic shortage of foster homes. This shortage makes it difficult to make good matches between children and foster families. In an emergency, where children must be removed from their homes suddenly, children are often placed in receiving homes that care for children for just a few days or weeks until a permanent placement can be found.

The first choice for out-of-home placement is relatives or close family

Families are the first resort: When children need out-of-home care, placement with aunts, uncles, grandparents or other relatives keeps them connected to their own kin and their own culture

Percent of Children in Placement with Relatives



friends. This keeps children connected to their extended families and to their culture. Staying within the family and the culture is especially important to children who might otherwise be placed in families where the language, food, and cultural practices are completely unfamiliar. About 20 percent of children who are removed from their homes are placed with relatives, who may or may not be licensed foster parents. Some relatives become licensed in order to qualify for state foster care payments (usually about \$420 per month per child, plus Medicaid health insurance), while others prefer not to be involved with the foster care system. Relatives who are not licensed can - if they are willing to go to a Community Services Office and apply - receive child-only grants from the Temporary Assistance for Needy Families program, and Medicaid health insurance.

The renewed emphasis on reducing placement instability has led to a greater sense of urgency in finding children permanent, adoptive homes if it is unlikely that they will be able to return to their biological families. Federal legislation has shortened the amount of time that children can remain in foster care without a plan in place for permanency. Caseworkers and the courts must move faster to terminate parental rights when they believe parents won't meet the conditions set for reunification - conditions such as staying clean and sober, taking parenting classes, or creating appropriate and safe homes for their children.

This has led to an increase in the number

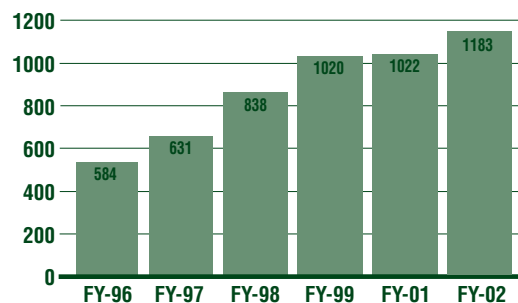
of foster children who are adopted - often by their foster parents. More permanent homes are generally good news for children, but when foster parents adopt, it creates an even greater need for the recruitment of new foster parents. It also raises extremely difficult and painful issues for chemically dependent parents who are unable to achieve and sustain sobriety within the time allowed.

The transition to adulthood

When teens are in conflict with their parents, Family Reconciliation Services provide counseling aimed at keeping families together. In some cases, however, conflicts result in teens entering foster care and remaining in foster homes until they turn 18. Children who enter the foster care system when they are younger also "age out" of the system on their 18th birthdays.

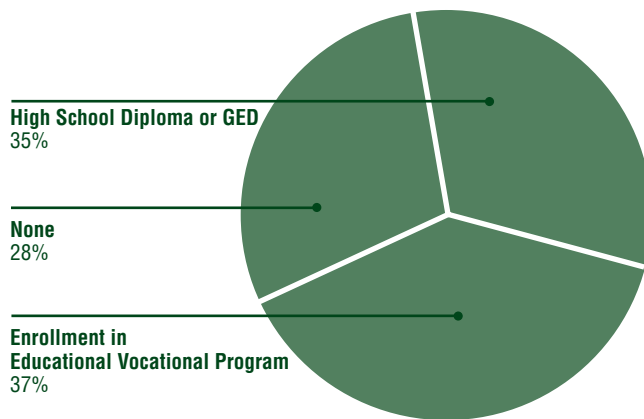
Adoptions provide permanent homes for a growing number of children

Adoptions



Foster kids are less likely to graduate from high school

Finding ways to help children in foster care succeed in school is a high priority



Only one third of kids in foster care have graduated from high school when they turn 18. Another third is still enrolled in school or some form of vocational training. These are not encouraging numbers, and they foretell a disproportionate likelihood for young people to become homeless, unemployed, and at high risk for a miserable adult life.

This risk is now addressed by Independent Living Services that include teaching teens the basic skills they will need to live on their own. These skill-building services are provided by private agencies who have contracts with the Children's Administration. The federal government pays for 80 percent of the cost of these services. However, these programs are not available in all communities, so there are still a significant number of young people who "age out" of foster care and do not receive this level of transitional help.

Challenges for the Child Welfare System

Making the change to outcome-based practice

Good intentions are not enough to shape an effective child welfare system. Yet for many years, good intentions and degrees in social work were the foundation for systems all across America. Only in the last decade has there been a focused attempt to engage in systematic research about what really works, and to use research to guide practice in the field.

This movement is gaining momentum, and it has been immeasurably bolstered by the broader effort to make all government agencies accountable for achieving clearly-defined goals and performance measures. By all accounts, these trends have caused more change in the Children's Administration in the last ten years than took place in the

preceding twenty years. Today, new outcome goals have been woven into an action plan that will, over the next few years, significantly change Washington's child welfare system.

The Children's Administration now publishes an annual performance report covering four areas: the health and safety of children in the system, children's length of stay in out-of-home placements, adherence to permanency planning timelines, and response time for child protective service investigations. Quarterly regional reports provide very specific data on how each of the 45 offices in the state are performing on these quality measures.

The Children's Administration movement towards this new, systematic approach to its work is embodied in the "Kids Come First" action agenda. The principles and goals of this agenda are clear:

- Safety of the child is the highest priority
- Improve the well-being of children in out-of-home care
- Enhance partnerships to protect children, expedite permanency and increase stability
- Improve the quality and effectiveness of the child welfare system.

To implement this plan, new assessment tools are being developed to guide decision making about whether children are safe, to screen children when they come into foster care so that social, emotional, health, and educational needs are identified,

and to plan for reunification with biological families or adulthood. New data systems are being created so that results can be measured in ways that will improve future decision making.

Today, child welfare professionals generally believe that Washington's system has done well at defining and measuring progress towards specific goals, but they acknowledge that there are years of hard work ahead before the new goals are actually met.

The Children's Administration is also working to become accredited by the international Council on Accreditation of Services for Families and Children. Accreditation requires that the system meet rigorous benchmarks of excellence that include careful incorporation of research-based practices, high professional standards, and a clear focus on achieving results for children. The Vancouver office of the Children's Administration has already become accredited. The administration is moving toward having all 45 state offices do so as well.

This emphasis on high standards, careful goal-setting, outcome-based practice and accountability for results is, however, being met with resistance among some front-line social workers. Although many welcome this change, others complain about additional reporting requirements, workloads, and conflict over managing multiple priorities. They fear that accountability measures may unfairly target them for criticism when conditions beyond their control prevent them from meeting depart-

ment goals. Some social workers also feel that these new measures are an expression of distrust of their individual, professional judgment. They believe that each case is unique, and that relying too heavily on research-driven generalizations will restrict their ability to respond to the specific needs of individual children and families.

The complaints of these social workers are similar in nature to public school teachers who feel that it's unfair to hold schools accountable for how much children learn. Both argue that many of the factors leading to success or failure are beyond their control. And both have trouble seeing the need for systemic accountability, or the efficacy of devoting scarce resources to research.

This resistance to change and accountability may be as challenging to overcome in the child welfare system as it is in our public schools.

Risk management

In spite of the focus on research-based practice, there is still no sure-fire way to predict what will be best for children. There are risk assessment instruments that address known factors associated with neglect and abuse. There are assessments of family strengths. But there is no numerical score or quantitative measure that can be used to decide when or whether to remove a child from his or her family, or return a child home. In the end, the toughest decisions still come down to "best professional judgement."

This means that social workers live in fear - fear of children being harmed, fear of child deaths, and fear of blame and litigation if they make a wrong decision or a decision that results in harmful consequences. This is a very heavy burden for them, and for the child welfare system as a whole.

And even aside from the risk of harm to children, there is a continuing tension - and a risk of litigation - inherent in the attempt to balance the rights of parents and the needs of children. Even Washington's clear policy of putting the safety and well-being of children first cannot completely solve this perennial dilemma.

Improving foster care

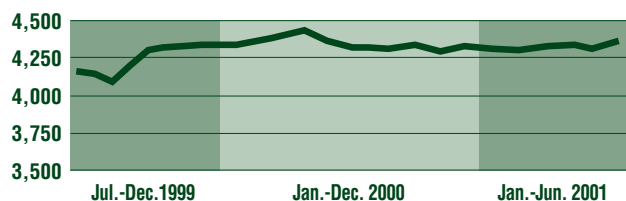
Foster care can provide a safe haven for kids, and lifelong bonds between foster parents and children. But no matter how strong those bonds, foster care is never quite the same as growing up in one's natural family. And in spite of its many strengths, foster care is also beset with extremely difficult challenges.

The biggest problem with the foster care system is that there simply aren't enough people willing to be foster parents. All too often, the result is less than ideal placements that don't work very well for children or for foster families.

Foster parents have a long list of complaints about dealing with the child welfare system. In the past, people who have applied for foster

More foster homes are needed

A major effort is underway to recruit more foster families



care licenses have sometimes felt unwelcomed, unappreciated, and kept in the dark. They report having trouble getting caseworkers to return their phone calls, or to respond in a timely way to emergencies.

At the same time, the child welfare system has a long list of complaints about foster parents - parents who are marginal caregivers, parents who are deceptive or abusive, or who refuse or evict children who are in desperate need.

Today, this troubled relationship has begun to improve. The Children's Administration and Casey Family Programs have jointly crafted a Foster Care Improvement Plan. One of the goals of this program is that "Foster parents will experience the relationship with the Children's Administration differently through development of a support system that includes mentoring, training, crisis support services and communication." Another goal is that foster parents "will feel that they are true partners with the social worker in the child caring process."

This plan also calls for a systematic, long-term effort to recruit more foster homes, and to keep foster parents who might otherwise leave the system. This is a very difficult challenge - made more difficult by the need to recruit culturally diverse homes, and to do so in the geographic areas where the need is greatest.

The challenge of improving foster care also involves more careful screening and licensing, better training, and more respite care for foster parents, and caseload sizes and time management practices that make it possible for social workers to return calls, provide more services to children and support for foster parents, and respond to emergencies.

Even with all these changes, the foster care system will continue to be stressed, and will have a hard time meeting the needs of severely damaged children who have significant mental illnesses, sexually aggressive behavior, and other hard-to-manage problems.

Foster care and academic achievement

When children must be removed from their family home, they are usually removed from their school as

well, and shifted to a new school.

Children whose foster care placements change usually change schools yet again. These changes come on top of the trauma and turbulence of young lives already disrupted by abuse, neglect, and usually extreme poverty.

Not surprisingly, many children in foster care often have a very hard time in school, as evidenced by the fact that a third of them have not completed high school or earned a GED when they age out of foster care.

Children in foster care are legally and morally the responsibility of the state, and ours is a state that prides itself on its commitment to public education. In the past ten years, we have raised academic standards in our public schools, and adopted the mantra that "all children can learn." To keep this promise of truly universal public education, the Children's Administration, various child-serving and child-advocacy organizations, foster parents, and public schools are working together to remove the special impediments to learning that the state's children in foster care face. These groups are working out ways to keep children in the same school when they enter foster care. The major issue is transportation. Pilot projects in two school districts are testing ways to solve this problem.

Information about student learning is also included in the new screening tool social workers complete when children enter foster care. This information will help foster parents, social workers, and schools recognize and address the academic needs of foster children and teens.

Engaging communities in caring for children

The most fundamental truth about child welfare is that the system cannot succeed where the society fails. Neighbors, friends, and relatives are a vital part of the safety net needed to protect and care for children. And so are the rest of us. Without a stronger child-serving ethic across all sectors of our society, there is little hope that a government agency can do much more than protect children from the most obvious and egregious forms of abuse - and even then, this meager protection will only be extended when a citizen reports neglect or abuse.

The need for more engaged communities is a perennial concern of child welfare agencies, but it is beyond their capability to compel people to volunteer as mentors, tutors, guardians ad litem, coaches or fund-raisers for child-serving community organizations. Still, there is no doubt that the most urgently needed change in the child welfare system - and perhaps in our society as a whole - is for more adults to spend more time with children in relationships that are long-term, nurturing, and attentive to helping children develop their talents, intelligence and values.

There are some signs of improvement in this area. In some communities, there are organizations that support children in foster care by providing resources for sports and cultural activities, clothing, gifts, and other amenities that are important to children's development. In Spokane,

the Foster Parents Association was recently given a special federal grant for this purpose.

People in the child welfare system also hope that as baby boomers reach retirement age, they will form a new pool of active citizens who spend their time volunteering in schools, child care centers, and in community organizations that serve children.

Mental health services for children

There is a pervasive, national shortage of mental health services for children - and a national debate about what mental health services really work for children. In Washington, there is a particularly acute shortage of mental health professionals for children in rural areas and smaller towns. And even in urban areas, the shortage of child psychiatrists often makes access difficult.

Today's mental health system is based on a managed care model that de-emphasizes long-term counseling and focuses instead on quick interventions and medications. Many child advocates believe that this model is inadequate to repair the emotional damage of child abuse, neglect, sexual exploitation, and instability that many children in the child welfare system have experienced. These advocates believe that children with mental illnesses need a stable, long-term relationship with a mental health professional to see them through the turbulent developmental stages of growing up.

There are also problems in accessing mental health services that are unique to Washington state. Our system is based on Regional Support Networks (RSNs) that act as managed care providers for the adults and children in their geo-

For a mentally ill child, no place to call home

Eli's volcanic outbursts make him a child no one seems able to handle, according to *The Seattle Times*. Foster families and group homes across the state have tried to give him a home. But his outbursts keep him a nomad rotating through a world of state offices, juvenile rehabilitation facilities and mental hospitals and require him to move from temporary foster bed to the next each night. The newspaper reported his mother threatened suicide to force the Department of Social and Health Services to take him at age 8. Eventually Eli will have to leave the child welfare system that has tried to support him. At age 18, state controls and supports drop away. Is he an example of how difficult it can be to rehabilitate some people despite the best efforts of numerous people?

Read *The Seattle Times'* profile "The trouble with Eli" on Facing the Future Profiles, located at: <http://www.wa.gov/dshs/FacingtheFuture/NewsProfiles>



graphic region. As a result, a child from one region who is in a runaway shelter in another region may get caught in a dispute about which region is responsible for her mental health care. This makes access to mental health services difficult, and can delay urgently needed treatment.

This issue is being addressed by multi-agency task forces, and by a national movement advocating for more mental health services for children. The new Kidscreen tool will also help to clearly identify children who need mental health services when they enter the system.

Recruiting and retaining social workers

The average length of employment for a Child Protective Services investigator is 3.8 years. For Child Welfare Services caseworkers, the average tenure is just over four years.

The problem of attracting and retaining staff for these front-line positions is getting worse for several reasons. In the past ten years, media coverage of child deaths, the trend towards more lawsuits, and an

economy that provided other opportunities all thinned the ranks of social work majors in colleges. Constant change and greater accountability in the workplace are also making more social workers think twice about whether to commit themselves to a

career in this field. At the same time, the senior leadership of the Children's Administration (and many other child-serving agencies) is nearing retirement. These trends combine to create a major challenge to the Children's Administration.

Helping struggling families succeed

There is consensus that the quality of CPS investigations has improved in the last few years. But ironically, while progress has been made in identifying child abuse and neglect, the services that prevent it by helping people become better parents are perennially under-funded and under-researched. These services are

Ruth Dykeman Children's Center

Services: Behavioral rehabilitation services for children and youth 8–17 years with serious emotional, behavioral or medical difficulties who cannot be adequately served in foster care. Services are offered in an array of settings including the child's home, a treatment foster home or a group residential setting.

Communities served: Primarily King, Snohomish and Pierce counties

DSHS clients: Approximately 36 in residential care each month plus more than 10,000 a year in prevention and treatment services

Private as well as public clients? Yes

Year formed: 1921

Employees: 110

Payroll per year: \$2.9 million (including benefits)

Total annual budget: \$4.3 million

DSHS/federal funding brought into the community through contract with DSHS: \$2 million

also undermined by the larger problems of poverty, isolation, and lack of extended family or neighborhood support systems.

There has been some progress in focusing on how to build on parents' strengths rather than focusing on their weaknesses, but this is the barest beginning of progress towards marshaling the resources necessary to stop the cycle of abuse and neglect and keep children and parents together.

The 800-pound gorilla of bad parenting is alcohol and drug abuse. In 38 percent of recent CPS referrals, parental substance abuse was identified as an issue. The true prevalence is probably much higher. Sixty-seven percent of the children in treatment or group care have drug- or alcohol-abusing parents. But for low-income people, chemical dependency treatment is in short supply. Although parents are given high priority in Washington's chemical dependency treatment system, most must still go on a waiting list for weeks or months before treatment is available. This may prolong the period during which children are in foster care.

A similar shortage of mental health services for parents also impedes family stability. To qualify for mental health services in Washington's public system, it is not enough to be moderately mentally ill; parents must be severely depressed or psychotic to qualify for help, and even

then services are limited, and particularly difficult to access in rural areas.

By law, poverty alone is never allowed to be a reason to remove children from their parents' home. Still, there is an undeniable link between poverty and child neglect, and between poverty and academic failure. Programs that help parents lift their families out of poverty by providing incentives and supports for

job training and employment disproportionately benefit children. Equally important, subsidized child care and health insurance for low-wage working parents help reduce the stresses that cause families to come apart at the seams. Protecting and expanding these programs is a high priority for the child welfare system and child advocates.

South Puget Intertribal Planning Agency Child Welfare Services

Until passage of the Indian Child Welfare Act in the 1978, Indian children who were removed from their families and placed in foster care were often separated from their tribes, their extended families, and their culture. The loss of these cultural, tribal, and extended family ties was devastating to children, and it diminished the life of the tribes.

The Indian Child Welfare Act gave tribes jurisdiction over their own children. As part of the movement toward more genuine sovereignty, many tribes have created their own formal child welfare departments. The South Puget Intertribal Planning Agency (SPIPA) is a state licensed private child-placing agency serving Native people. SPIPA primarily serves a consortium of tribes that includes the Confederated Tribes of the Chehalis Reservation, the Shoalwater Bay Tribe, the Squaxin Island Tribe, the Nisqually Tribe, and the Skokomish Tribe. SPIPA is a nonprofit organization chartered by these five tribes.

State Child Welfare funding is channeled through DSHS to SPIPA to support the tribes' Indian Child Welfare (ICW) services. SPIPA staff, in partnership with staff of the five tribes, provides comprehensive child welfare services. SPIPA recruits, licenses and supports tribal foster homes. The tribes' social services departments investigate and intervene in cases of child abuse or neglect in ways that honor the specific culture and values of each tribe. They also provide case management services. These cultures have a very strong tradition of extended family support systems.

SPIPA foster homes sometimes provide care for Indian children from other tribes – even tribes in other parts of the state – when foster homes in the child's tribe are not available.

SPIPA's member tribes have a total of about 50 children in foster care in 30 foster homes.